

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>05/30/00</i>
O.I.P.E. CLASSIFIER	<i>E.H.</i>	<i>11</i>	<i>6/5/2000</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 5/30/00
2	✓ 5/30/00
3	✓ 5/30/00
4	✓ 5/30/00
5	✓ 5/30/00
6	✓ 5/30/00
7	✓ 5/30/00
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48	✓ 5/30/00
49	✓ 5/30/00
50	✓ 5/30/00

Claim	Date
Final Original	
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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